Operator Project #		Postmark	Date	e Received	Notification	
I. TYPE OF NOTIFICATION (O = Original / R =						
II. FACILITY INFORMATION ( Identify owner,	removal c	ontractor, and other operator	)			
OWNER: THE PORT AUTHORITY		tion. It is a second to the se				
Address: 4 WORLD TRADE CENT	TER 150	<b>GREENWICH STREI</b>	ET			
City: NEW YORK			State: NY		ZIP: 10007	
Contact:					Tel:	
REMOVAL CONTRACTOR: FIBER CON	TROL IN	IC. NYS DOL LICENS	SE NO. 2861	0		
Address: 3010 BURNS AVENUE						
City: WANTAGH			State: NY		ZIP: 11793	
Contact: PETER GRANDE		12-12-12-12-12-12-12-12-12-12-12-12-12-1		***************************************	Tel: (516)78	1-3000
OTHER OPERATOR:	AL ALWAYS A					
Address:						
City:	report to our ex-		State:		ZIP:	
Contact:		No.			Tel:	
III. TYPE OF OPERATION ( D = Demolition / F	R = Renova	tion): RENOVATION				
IV. IS ASBESTOS PRESENT? (Yes/No): YE	S					
V. FACILITY DESCRIPTION (include building	name, nur	nber and floor or room number	er):			30,000
Building Name: HANGAR 7 SOUTH				7.00		
Address: LAGUARDIA AIRPORT					1.90 N. (1.00 N. (1.0	
Address: HANGAR 7 SOUTH		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
City: FLUSHING		0.000	State: NY	ALCO CONTRACTOR OF THE PARTY OF	County: QUE	ENS
Site Location: Roof, exterior, CSS S	Storage	Room, CSS Office W	omen's Roo	om, Men's Room	ı,	
Building Size: 100,000+	SqMeter:	SqFt:	# of Floors: 2		Age in Years:	75+
Present Use: Other		L	Prior Use Oth	er		
VI. PROCEDURE, INCLUDING ANALYTICAL		APPROPRIATE, USED TO D	I ETECT THE PRE	SENCE		
OF ASBESTOS MATERIAL: P/M SAMPLII	NG					
VII. APPROXIMATE OF RACM TO BE REMOV	ED AND N	ON-FRIABLE ASBESTOS MAT	TERIAL THAT WII	L NOT BE REMOVED.	SPECIFY THE A	MOUNT OF
ASBESTOS BELOW: Non-friable Asbestos Material						
			RACM to b	e Removed	not to be remov Category I	ed Category II
Pipes - Linear Feet			PIPE INSULA			outogory ii
Pipes - Linear Meters Surface Area - Square Feet			DUCTINGUI	ATION 590 SF		
ounder Area - oquare 1 eet				ING/ GLAZING 464 SF IING 700 SF		
Surface Area - Square Meters		7. V. 7. V. C.	, LOOK HEE	-, • • •		
Volume RACM off Facility Component - Cubic Volume RACM off Facility Component - Cubic						
VIII. SCHEDULED DATES OF ASBESTOS RE IX. SCHEDULED DATES OF DEMOLITION/RE				Completion:	5/2/2017	
		, otart.				

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:				
		AS 24		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:	TO BE USED TO PREVENT EMISSION	ONS OF		
Full containment, negative air filtration, wet removal, wet cleaning, HE	PA vacuum cleanup			
XII. WASTE TRANSPORTER #1				
Name: ASBESTOS TRANSPORTATION CO., INC.				
Address: 2 MORICHES MIDDLE ISLAND ROAD		1.74%		
City: SHIRLEY	State: NY	ZIP: 11967		
Contact Person: KENNY SMITH	Telephone: (631) 924-5050			
WASTE TRANSPORTER #2	99 (P. 11)			
Name:				
Address:	- W. W.	X7		
City:	State:	ZIP:		
Contact Person:	Telephone:			
XIII. WASTE DISPOSAL SITE				
Name: MINERVA ENTERPRISES, INC.	7.00			
Address: 9000 MINERVA ROAD				
City: WAYNESBEURG	State: OH	ZIP: 44688		
Telephone: (330)866-3435				
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE	IDENTIFY THE AGENCY BELOW			
Name:	Title:			
Authority:		4000 is		
Date if Order (MM/DD/YY):  Date Ordered to Begin (MM/DD/YY):				
AV. FOR EMERGENCY RENOVATIONS				
Date and Hour of Emergency (MM/DD/YY):				
Description of the Sudden, Unexpected Event:				
Explanation of How the Event caused Unsafe Conditions or Serious Disrup	otion of Industrial Operation:			
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:				
ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS				
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF T SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVA' HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR (Required 1 year after promulgation).	TION AND EVIDENCE THAT THE RI	EQUIRED TRAINING USINESS HOURS.		
PETER GRANDE	4/22/2016			
Signature of Owner/Operator  XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	Date			
PETER GRANDE Signature of Owner/Operator	4/22/2016 Date	* 8 * 1 * 4 5 E * 1 * 3 1		
RenoDemoForm_2003.doc				

NOTIFICATION OF DEMOLITION AND RENOVATION Operator Project # **Date Received Postmark** Notification I. TYPE OF NOTIFICATION (O = Original / R = Revised) : REVISION 2 II. FACILITY INFORMATION ( Identify owner, removal contractor, and other operator) KINGS PARK CENTRAL SCHOOL DISTRICT **180 LAWRENCE ROAD** Address: KINGS PARK City: State: NY ZIP: 11754 Contact: Tel: REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610 Address: 3010 BURNS AVENUE WANTAGH City: State: NY ZIP: 11793 Contact: PETER GRANDE Tel: (516)781-3000 OTHER OPERATOR: Address: City: State: ZIP: Contact: Tel: III. TYPE OF OPERATION ( D = Demolition / R = Renovation) : RENOVATION IV. IS ASBESTOS PRESENT? (Yes/No): YES V. FACILITY DESCRIPTION (include building name, number and floor or room number): Building Name: KINGS PARK HIGH SCHOOL **200 ROUTE 25A** Address: Address: **KINGS PARK** State: NY County: SUFFOLK City Site Location: INTERIOR **Building Size:** SqMeter: SqFt: 75,000 # of Floors: 3 Age in Years: 50 Present Use: SCHOOL Prior Use: SCHOOL VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW: Non-friable Asbestos Material not to be removed **RACM** to be Removed Category I Category II Pipes - Linear Feet **PIPE INSULATION** 100 Pipes - Linear Meters Surface Area - Square Feet Surface Area - Square Meters
Volume RACM off Facility Component - Cubic Feet **Volume RACM off Facility Component - Cubic Meters** VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 7/25/2016 Completion: 6/1/2017 IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:	TO BE USED TO PREVENT EMISSIO	ONS OF	
Full containment, negative air filtration, wet removal, wet cleaning, HE	PA vacuum cleanup		
II. WASTE TRANSPORTER #1			
Name: TRI-STATE TRANSFER ASSOC., INC.			
Address: 1199 RANDALL AVENUE			
City: BRONX	State: NY	ZIP: 10474	
Contact Person: DANNY	Telephone: (718)617-0771		
WASTE TRANSPORTER #2		*//*/	
Name:			
Address:			
City:	State:	ZIP:	
Contact Person:	Telephone:		
XIII. WASTE DISPOSAL SITE		(1) <del>(1) (1) (1)</del>	
Name: MINERVA ENTERPRISES, INC.			
Address: 9000 MINERVA ROAD			
City: WAYNESBEURG	State: OH	ZIP: 44688	
Telephone: (330)866-3435		I	
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE	IDENTIFY THE AGENCY BELOW		
Name:	Title:	0.00	
Authority:			
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY)	:	
AV. FOR EMERGENCY RENOVATIONS	(A)		
Date and Hour of Emergency (MM/DD/YY):	ALL BONE	100	
Description of the Sudden, Unexpected Event:	- erennes conte		
Explanation of How the Event caused Unsafe Conditions or Serious Disrup			
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT TH PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVI			
ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).			
	6/16/2016		
Signature of Owner/Operator  XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	Date		
Signature of Owner/Operator  Power Form 2003 dec	6/16/2016 Date		
D D F 0000 I			

NOTIFICATION OF DEMOLITION AND RENOVATION Operator Project # Postmark **Date Received** Notification I. TYPE OF NOTIFICATION (O = Original / R = Revised) : REVISION 2 II. FACILITY INFORMATION ( Identify owner, removal contractor, and other operator) KINGS PARK CENTRAL SCHOOL DISTRICT **180 LAWRENCE ROAD** Address: KINGS PARK State: NY City: ZIP: 11754 Contact: Tel: REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610 Address: 3010 BURNS AVENUE City: WANTAGH State: NY ZIP: 11793 Contact: PETER GRANDE Tel: (516)781-3000 OTHER OPERATOR: Address: City: State: ZIP: Contact: Tel: III. TYPE OF OPERATION ( D = Demolition / R = Renovation) : RENOVATION IV. IS ASBESTOS PRESENT? (Yes/No): YES V. FACILITY DESCRIPTION (include building name, number and floor or room number): Building Name: R.J.O. INTERMEDIATE SCHOOL 99 OLD DOCK ROAD Address: Address: **KINGS PARK** State: NY County: SUFFOLK Site Location: 2<sup>ND</sup> FLOOR **Building Size:** SqMeter: # of Floors: 2 SqFt: 50,000 Age in Years: 50 Present Use: SCHOOL Prior Use: SCHOOL VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW: Non-friable Asbestos Material not to be removed **RACM** to be Removed Category I Category II Pipes - Linear Feet Pipes - Linear Meters Surface Area - Square Feet **CEILING TILE** 100 Surface Area - Square Meters
Volume RACM off Facility Component - Cubic Feet Volume RACM off Facility Component - Cubic Meters VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 7/25/2016 **Completion: 6/1/2017** IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion:

NOTIFICATION OF DEMOLITION AND		The second secon		
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WOR	RK, AND METHOD(S) TO BE USED:	A A		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:	TO BE USED TO PREVENT EMISSION	ONS OF		
Full containment, negative air filtration, wet removal, wet cleaning, HEI	PA vacuum cleanup			
XIII. WASTE TRANSPORTER #1	7000 9000			
Name: TRI-STATE TRANSFER ASSOC., INC.				
Address: 1199 RANDALL AVENUE				
City: BRONX	State: NY	ZIP: 10474		
Contact Person: DANNY	Telephone: (718)617-0771			
WASTE TRANSPORTER #2				
Name:				
Address:				
City:	State:	ZIP:		
Contact Person:	Telephone:	-		
WASTE DISPOSAL SITE				
Name: MINERVA ENTERPRISES, INC.				
Address: 9000 MINERVA ROAD	W-W.			
City: WAYNESBEURG	State: OH	ZIP: 44688		
Telephone: (330)866-3435				
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE	IDENTIFY THE AGENCY BELOW	THE STREET		
Name:	Title:			
Authority:	*****			
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY)	:		
AV. FOR EMERGENCY RENOVATIONS				
Date and Hour of Emergency (MM/DD/YY):				
Description of the Sudden, Unexpected Event:				
Explanation of How the Event caused Unsafe Conditions or Serious Disrup				
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT TH PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVE	AT UNEXPECTED ASBESTOS IS FO RIZED, OR REDUCED TO POWDER	UND OR		
ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBS		WORKERS		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF TO SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR (Required 1 year after promulgation).	TION AND EVIDENCE THAT THE RE	EQUIRED TRAINING USINESS HOURS.		
PETER GRANDE	6/16/2016			
Signature of Owner/Operator  XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	Date			
	0/4.0/00.4.0			
PETER GRANDE Signature of Owner/Operator	6/16/2016 Date			

Operator Project #		Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R =				
II. FACILITY INFORMATION ( Identify owner,				
OWNER: KINGS PARK CENTRAL	SCHO	OL DISTRICT		101 Res - 3
Address: 180 LAWRENCE ROAD			The second secon	age and a second se
City: KINGS PARK			State: NY	ZIP: 11754
Contact:				Tel:
REMOVAL CONTRACTOR: FIBER CONT	rol in	IC. NYS DOL LICENS	SE NO. 28610	
Address: 3010 BURNS AVENUE				
City: WANTAGH			State: NY	ZIP: 11793
Contact: PETER GRANDE				Tel: (516)781-3000
OTHER OPERATOR:				
Address:		1.0		
City:			State:	ZIP:
Contact:			Control Section 2	Tel:
III. TYPE OF OPERATION ( D = Demolition / R	= Renova	tion): RENOVATION		<u></u>
IV. IS ASBESTOS PRESENT? (Yes/No): YES	3			
V. FACILITY DESCRIPTION (include building	name, nur	nber and floor or room number	er):	V COMPANY AND THE SECOND SECON
Building Name: PARK VIEW ELEME	NTARY	SCHOOL	17776	
Address: 23 ROUNDTREE DR	VE	NAC AND VICTOR		- 1/100
Address:				
City KINGS PARK		-	State: NY	County: SUFFOLK
			State: IVI	County: SUFFOLK
Site Location: INTERIOR				
a contraction of the contraction	SqMeter:	SqFt: 50,000	# of Floors: 2	Age in Years: 50
Present Use: SCHOOL			Prior Use: SCHOOL	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING				
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:  Non-friable Asbestos Material not to be removed				
Pipes - Linear Feet		100 m (100 m 200 m)	RACM to be Removed	Category I Category II
Pipes - Linear Meters		THE WHOLE STATE OF		
Surface Area - Square Feet		- C 1 (MICA) (C 1 - 1)	CEILING TILE	100
Surface Area - Square Meters				
Volume RACM off Facility Component - Cubic Volume RACM off Facility Component - Cubic				
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)  Start: 7/25/2016 Completion: 6/1/2017				
IX. SCHEDULED DATES OF ASBESTOS RE			Start: Completio	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:				
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:	TO BE USED TO PREVENT EMISSION	ONS OF		
Full containment, negative air filtration, wet removal, wet cleaning, HEI	A vacuum cleanup	17574.		
XIII. WASTE TRANSPORTER #1	yu	W		
Name: TRI-STATE TRANSFER ASSOC., INC.				
Address: 1199 RANDALL AVENUE				
City: BRONX	State: NY	ZIP: 10474		
Contact Person: DANNY	Telephone: (718)617-0771			
WASTE TRANSPORTER #2	<u></u>			
Name:				
Address:				
City:	State:	ZIP:		
Contact Person:	Telephone:	J		
XIII. WASTE DISPOSAL SITE				
Name: MINERVA ENTERPRISES, INC.				
Address: 9000 MINERVA ROAD				
City: WAYNESBEURG	State: OH	ZIP: 44688		
Telephone: (330)866-3435		1		
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE	IDENTIFY THE AGENCY BELOW			
Name:	Name: Title:			
Authority:	- 14-9c	201		
Date if Order (MM/DD/YY):  Date Ordered to Begin (MM/DD/YY):				
XV. FOR EMERGENCY RENOVATIONS	2,000			
Date and Hour of Emergency (MM/DD/YY):				
Description of the Sudden, Unexpected Event:				
Explanation of How the Event caused Unsafe Conditions or Serious Disrup	tion of Industrial Operation:			
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:				
ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS				
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF TO SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR (Required 1 year after promulgation).	TION AND EVIDENCE THAT THE RE	QUIRED TRAINING USINESS HOURS.		
	6/16/2016			
Signature of Owner/Operator  XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	Date			
	014.01004.0			
PETER GRAIDE Signature of Owner/Operator	6/16/2016 Date			

Operator Project #		Postmark	Date Received	Notification
		DEVICE AND A		
I. TYPE OF NOTIFICATION (O = Original / R = II. FACILITY INFORMATION ( Identify owner,	and the second s		)	747 300
OWNER: ROCKVILLE CENTRE U			,	
Address: 128 SHEPHERD STREE		12.2		
City: ROCKVILLE CENTRE			State: NY	ZIP: 11570
Contact:				Tel:
REMOVAL CONTRACTOR: FIBER CONT	TROL IN	IC. NYS DOL LICENS	SE NO. 28610	
Address: 3010 BURNS AVENUE				
City: WANTAGH			State: NY	ZIP: 11793
Contact: PETER GRANDE	*			Tel: (516)781-3000
OTHER OPERATOR:			7100	
Address:			144 W. J. W.	
City:			State:	ZIP:
Contact:				Tel:
III. TYPE OF OPERATION ( D = Demolition / R	R = Renova	tion): RENOVATION		
IV. IS ASBESTOS PRESENT? (Yes/No): YES	3			
V. FACILITY DESCRIPTION (include building	name, nur	nber and floor or room number	er):	
Building Name: RIVERSIDE ELEMEN	NTARY	SCHOOL		***
Address: 110 RIVERSIDE DRIV	VE			
Address:		2500		
City ROCKVILLE CENTR	E		State: NY	NACCALL
-	<u></u>		State: IN I	County: NASSAU
Site Location: BASEMENT		<b>Y</b>		
	SqMeter:	SqFt: 25,000	# of Floors: 3	Age in Years: 66
Present Use: SCHOOL			Prior Use: SCHOOL	
VI. PROCEDURE, INCLUDING ANALYTICAL NO OF ASBESTOS MATERIAL: P/M SAMPLIN		APPROPRIATE, USED TO D	ETECT THE PRESENCE	12.0
OF AGESTSO MATERIAL PAR GAME EN				
VII. APPROXIMATE OF RACM TO BE REMOVE	ED AND NO	ON-FRIABLE ASBESTOS MAT	TERIAL THAT WILL NOT BE REMO	OVED. SPECIFY THE AMOUNT OF
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:  Non-friable Asbestos Material				
			RACM to be Removed	not to be removed Category I Category II
Pipes - Linear Feet			TOTOM to be itemored	Outegory i
Pipes - Linear Meters				
Surface Area - Square Feet			FLOOR TILE	100
Surface Area - Square Meters				
Volume RACM off Facility Component - Cubic Volume RACM off Facility Component - Cubic			Markey J. De Commit M. Canal T.	
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)  Start: 7/18/2016 Completion: 6/1/2017				
IX. SCHEDULED DATES OF DEMOLITION/REI			Start: Compl	•
2224				

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
		10 as as	
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:	TO BE USED TO PREVENT EMISSION	ONS OF	
Full containment, negative air filtration, wet removal, wet cleaning, HE	PA vacuum cleanup		
XII. WASTE TRANSPORTER #1			
Name: TRI-STATE TRANSFER ASSOC., INC.	All and the second seco		
Address: 1199 RANDALL AVENUE			
City: BRONX	State: NY	ZIP: 10474	
Contact Person: DANNY	Telephone: (718)617-0771		
WASTE TRANSPORTER #2			
Name:			
Address:	The second secon		
City:	State:	ZIP:	
Contact Person:	Telephone:		
XIII. WASTE DISPOSAL SITE			
Name: MINERVA ENTERPRISES, INC.	10.00		
Address: 9000 MINERVA ROAD			
City: WAYNESBEURG	State: OH	ZIP: 44688	
Telephone: (330)866-3435			
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE	IDENTIFY THE AGENCY BELOW		
Name:	Title:		
Authority:			
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY)	:	
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY):			
Description of the Sudden, Unexpected Event:			
Explanation of How the Event caused Unsafe Conditions or Serious Disrup	tion of Industrial Operation:	2-12-2	
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:			
ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).			
PETER GRAIDE	6/14/2016		
Signature of Owner/Operator	Date		
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
	6/14/2016		
Signature of Owner/Operator RenoDemoForm 2003.doc	Date	38.	

NOTIFICATION OF DEMOLITION AND RENOVATION Operator Project # Notification Postmark **Date Received** I. TYPE OF NOTIFICATION (O = Original / R = Revised) : REVISION 3 II. FACILITY INFORMATION ( Identify owner, removal contractor, and other operator) **ROCKVILLE CENTRE UFSD** OWNER: **128 SHEPHERD STREET** Address: **ROCKVILLE CENTRE** State: NY ZIP: 11570 City: Tel: Contact: REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610 Address: 3010 BURNS AVENUE WANTAGH State: NY ZIP: 11793 City: Contact: PETER GRANDE Tel: (516)781-3000 OTHER OPERATOR: Address: City: State: ZIP: Contact: Tel: III. TYPE OF OPERATION ( D = Demolition / R = Renovation) : RENOVATION IV. IS ASBESTOS PRESENT? (Yes/No): YES V. FACILITY DESCRIPTION (include building name, number and floor or room number): **Building Name: JENNIE HEWITT ELEMENTARY SCHOOL 446 DEMOTT AVENUE** Address: Address: **ROCKVILLE CENTRE** State: NY City County: NASSAU Site Location: AUDITORIUM **Building Size:** SqMeter: SqFt: 30,000 # of Floors: 2 56 Age in Years: Present Use: SCHOOL Prior Use: SCHOOL VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW: Non-friable Asbestos Material not to be removed RACM to be Removed Category I Category II Pipes - Linear Feet Pipes - Linear Meters Surface Area - Square Feet **PLASTER** 25 Surface Area - Square Meters Volume RACM off Facility Component - Cubic Feet **Volume RACM off Facility Component - Cubic Meters** VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 7/18/2016 **Completion: 6/1/2017** IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:				
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:	TO BE USED TO PREVENT EMISSIO	ONS OF		
Full containment, negative air filtration, wet removal, wet cleaning, HEF	A vacuum cleanup			
III. WASTE TRANSPORTER #1				
Name: TRI-STATE TRANSFER ASSOC., INC.		Activity (1997)		
Address: 1199 RANDALL AVENUE				
City: BRONX	State: NY	ZIP: 10474		
Contact Person: DANNY	Telephone: (718)617-0771			
WASTE TRANSPORTER #2	J.	****		
Name:				
Address:				
City:	State:	ZIP:		
Contact Person:	Telephone:			
XIII. WASTE DISPOSAL SITE				
Name: MINERVA ENTERPRISES, INC.				
Address: 9000 MINERVA ROAD				
City: WAYNESBEURG	State: OH	ZIP: 44688		
Telephone: (330)866-3435		1		
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE	IDENTIFY THE AGENCY BELOW	West Control of the C		
Name:	Title:			
Authority:	T. A.S. STEWN	1850		
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY)	:		
XV. FOR EMERGENCY RENOVATIONS	11.6. 17.00 p.	W		
Date and Hour of Emergency (MM/DD/YY):				
Description of the Sudden, Unexpected Event:	Water and the second se			
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:				
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:				
ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBS	TRATES USING ONLY CERTIFIED	WORKERS		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVAT HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR (Required 1 year after promulgation).	ION AND EVIDENCE THAT THE RE	QUIRED TRAINING JSINESS HOURS.		
PETER GRANDE	/16/2016			
Signature of Owner/Operator XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	Date			
	5/16/2016 Date			

Operator Project #		Postmark	Date Received	Notification	
I. TYPE OF NOTIFICATION (O = Original / R =	Revised):	REVISION 21			
II. FACILITY INFORMATION ( Identify owner	removal c	ontractor, and other operator			
OWNER: THE BEECHWOOD ORG	SANIZA	TION			
Address: 500 NORTH BROADWA	Υ				
city: JERICHO			State: NY	ZIP: 11753	
Contact: ED KACZMARCZYK				Tel: 516-369-220	)0
REMOVAL CONTRACTOR: FIBER CON	TROL IN	IC. NYS DOL LICEN	SE NO. 28610	7.300.000	
Address: 3010 BURNS AVENUE					
City: WANTAGH			State: NY	ZIP: 11793	
Contact: PETER GRANDE				Tel: (516)781-300	00
OTHER OPERATOR:				1	
Address:	380.48.48				
City:			State:	ZIP:	
Contact:				Tel:	
III. TYPE OF OPERATION ( D = Demolition / F	R = Renova	tion): RENOVATION			
IV. IS ASBESTOS PRESENT? (Yes/No): YE	S				
V. FACILITY DESCRIPTION (include building	name, nur	nber and floor or room numb	er):	11.50	
Building Name: BUILDING F			10000		
Address: 1537 OLD COUNTRY	Y ROAD				
Address:					
City PLAINVIEW			State: NY	County: NASSAU	
Site Location: INTERIOR		VIII - 11 - 11 - 11 - 11 - 11 - 11 - 11	· · · · · · · · · · · · · · · · · · ·	3 3 3	
Building Size:	SqMeter:	SqFt: 15,000	# of Floors: 2	Age in Years: 55	
Present Use: RESIDENTIAL			Prior Use: VACANT		
VI. PROCEDURE, INCLUDING ANALYTICAL I OF ASBESTOS MATERIAL: P/M SAMPLII		APPROPRIATE, USED TO D	ETECT THE PRESENCE	and the second second	
VII. APPROXIMATE OF RACM TO BE REMOV ASBESTOS BELOW:	ED AND N	ON-FRIABLE ASBESTOS MA	TERIAL THAT WILL NOT BE REMO	VED. SPECIFY THE AMOUN	T OF
Non-friable Asbestos Material not to be removed					
Pipes - Linear Feet		The second second	RACM to be Removed	Category I Ca	ategory II
Pipes - Linear Meters					
Surface Area - Square Feet			PLASTER WALL/CEILING	100	
Surface Area - Square Meters					
Volume RACM off Facility Component - Cubi Volume RACM off Facility Component - Cubi					
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)  Start: 8/1/2016 Completion: 3/13/2017					
IX. SCHEDULED DATES OF ASSESTOR RE			Start: Comple		
		* * * * * * * * * * * * * * * * * * *			

NOTIFICATION OF DEMOLITION AND		The second secon		
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Full containment, negative air filtration, wet removal, wet cleaning, HEF	PA vacuum cleanup			
XII. WASTE TRANSPORTER #1				
Name: TRI-STATE TRANSFER ASSOC., INC.				
Address: 1199 RANDALL AVENUE				
City: BRONX	State: NY	ZIP: 10474		
Contact Person: DANNY	Telephone: (718)617-0771			
WASTE TRANSPORTER #2		- 1000 mg		
Name:				
Address:				
City:	State:	ZIP:		
Contact Person:	Telephone:			
III. WASTE DISPOSAL SITE	- Contraction -			
Name: MINERVA ENTERPRISES, INC.		***************************************		
Address: 9000 MINERVA ROAD				
City: WAYNESBEURG	State: OH	ZIP: 44688		
Telephone: (330)866-3435				
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE	IDENTIFY THE AGENCY BELOW			
Name: Title:				
Authority:		ONE CONTRACT		
Date if Order (MM/DD/YY):  Date Ordered to Begin (MM/DD/YY):				
XV. FOR EMERGENCY RENOVATIONS		7.65.0		
Date and Hour of Emergency (MM/DD/YY):				
Description of the Sudden, Unexpected Event:				
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:				
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PETER GRANDE	3/2/2016			
Signature of Owner/Operator  XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	Date			
	3/2/2016 Date			